D

File with: lowa Ethics and Campaign



Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A		•		1.0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Des Moines, Jown 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, S DISCLOSURE SU			2033 OC	16 AH 10:
COMMITTEE NAME (Must b	same as on Statement of Organiza	tion)	<u> </u>		ma lu:
Linda Langston for Superv	isor			FORM	
(1)Statewide/Legialative/Judge (4)County Central Committee (	of committee you are reporting for: 5 Standing for Retention Candidate (2) Sta 5)County Candidate (6)City Candidate ty PAC (9)City PAC (10)School Board	17 School Board or Other Dolling	a (	DR-2 (Rev. 07/2007)	-
CANDIDATE COMMITTEES	ONLY:	A		Comm. #	
Candidate Name		Political Party (if applicable)		Logged in	
Linda Langston		Democratic			
Office Sought Linn County Supervisor		District (# Senate or House)		Audited	
Arres J.  Detabas 19	LING REPORT	3/9-393-9090 TELEPHONE		OCT IS	
AM FILING A October 19,	port date)	REPORT FOR (1) ELECTION Indicate by		HELECTION YE	AR.
CHECK IF AMENDMENT T	O REPORT DATED	<b>-</b>	I seed Con	mmittags, enter Del	- of Floriton
			1	ber 4, 2008	W OF EMCOON
	stion) report and attach Notice of Ois o file reports until a DR-3 is filed.)	eolution Form DR-3.	County &	Local Committees, action is held	enter County In
STATEN	ENT OF CASH ON HAND		***		
committee. This ame	ning of the reporting period. (Total or ount MUST be the seme as the cash period or must be zero if this is first re	on hand at the end	,,,,,, <b>s</b>	10,658.44	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD				
Schedule A: Cash C	ontributions total (Attach Schedule A	i) ("also see in-kind below)	•••••	4,795.00	-
Schedule F: Loans I	Received total (Altach Schedule F)			0.00	
Schedule H: Total S	ales of Cempaign Property (Attach S	ichedule H)	• • • • • • • • • • • • • • • • • • • •	0.00	
(Schedule )	applies to Candidates' Committe	eş <u>Qπθχ)</u> SUB-TOTAL	s	15,453.44	
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD	200			
	litures total (Altach Schedule B) (**ai	eo see debts and loans below	۸	4.24	
•	epsyments total (Attach Schedule F)			0.00	
	f this reporting period (if final report b			15,449.20	
				/ 10/ 00	
	dule D - Attach Schedule D)				
	From Schedule E - Attach Schedule	•		~ ~ ~ ~ ~	
	rom Schedule F - Attach Schedule F)	***************************************	.,	·	NO.
CONSULTANT BREAKDOW	•		-	YES _	NU
CANDIDATE COMMITTEES		estando la Life		•	
YALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Altach S	Gredule (1)	1		

STATE COMMITTEES: Submit a reconciled campaign account bank atatement in January of each year.

Reset Form

## For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Linda Langston for Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTÉ: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/OD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND RAISER INCOME
7/23/08	CK#	Kay Halloran 825 17th Street SE Cedar Rapida, IA 52403		\$ 100	
7/23/08	ID# CK#	Diane Hoffman 203 A Ave. South Mt Verson, IA 52314		100	
7/23/08	CK#	Carole Maher 4980 Kesler RD. NW Cedar Rapida, IA 52405		25	
7/23/08	CK#	Clark and Robin Ricke 2904 Soutter Ave SE Cedar Rapids, IA \$2403		25	
5/3/0 <b>8</b>	CK#	Mark and Corenne Liabo 290 Red Fox RD SE Coder Rapids, IA 52403		50	
8/23/08	CK#	Linn Phoenix Club PO Box 74198 Codar Rapida, IA 52407-4198		3,000	
9/3/08	CK#	Jim and Barbara Wing 980 Squaw Creek Road Cedar Rapids, IA 52403		50	
9/3/08	CK#	Bill Whipple 1224 13th ST NW Codar Rapids, IA52405		100	
9/6/08	CK#	Linn County Democratic Central Committe PO Box 574 Cedar Rapida, IA 52406		100	
9/11/08	CK#	Dick and Ann Woodward 3041 Circle Hill CT NE Cedar Rapids, IA 52402		500	
			SUB-TOTAL	<b>\$</b> 4050.00	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consunguinity (blood relatives) and affinity (relatives by marriage). If summarise of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

Reservann

### For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funda)

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/6/08	CK#	Jim and Mildred Jessen 1522 Martin Creek RD Marion IA 52302		\$50	
10/6/ <b>0</b> 8	CK#	Harland and Kay Graber 1236 Skyline DR SE Cedar Rapida, IA 52403		50	
10/6/08	CK#	Jim and Ann Hoffman 325 Innes Way Codar Rapids, IA 52403		50	
10/6/08	ID# CK#	Kay and Allan Hale 1265 Parkview LN Fly. IA 52227		25	
10/6/08	CK#	Suresh Basnet 1816 Bever AVE SE Cedar Rapida, IA 52403		50	
10/6/08	ID# 17267 CK#	Linn Ares Biz PAC 424 1st AVE NE Cedar Rapids, IA52401		250	
10/6/08	CK#	Jim Sines 4241 Sunland CT SE Codar Rapids, IA 52403		100	
10/7/08	CK#	Laborers Political League Local #43 5000 J St. SW Cedar Rapida, IA 52404		100	
10/8/08	CK#	Neil and Dee Anderson 4276 Cottage Grove Pkwy SE Cedar Rapids, IA 52403		50	
10/8/08	ID# CK#	Dave Langston 4257 Sunland CT SE Cedar Rapids, IA 52403	Husband	20	
			SUB-TOTAL	s 745	
		TOTAL (If last pa	go of this schodulo)	<b>\$</b> 4,795	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

i	Hesel Form

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES; NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE SOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Linda Langston for Supervisor

DATE EXPENDED (MM/OD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/14/08	ID# CK#	US Bank PO Box 1800 Saint Paul, MN 55101	Bank Services Charge	\$ 4.24
	ID#			
	CK#			
	ID#			<del> </del>
	CK#			
	ID#			-
	CK#			
	ID#			
	CK#			
VII.U	ID#			
	CK#			
	ID#			1
	CK#			
	1D#			
	CK#			
			SUB-TOTA	\$ 4.24

THE STIT ADDI	IPE TO CAMOIDA	TES! COMMITTEE!	K CHILLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to personal-entities providing consulting, advertising, fund-ratcing, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

Page	l	of	1	
		 V".		

\$ 4.24

TOTAL (If lest page of this schedule)

(for Schedule B)

### FOR INSTRUCTIONS, SÉE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Linda Langaton for Supervisor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 08/98)	INCURRED
	CK THIS BOX MENDING M

## DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period.,

		regardless of whether an involce has been received.			
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD <sup>2</sup>		
03/02/02	Marketing and Communications Strategies 2218 First Ave NE Cedar Rapids, IA 52402	Logo, stationary, yard sign design	1,175.00		
		SUB-TOTAL	\$ 1,175.00		
	\$ 1,175.00				
"If actua) figure is	1 of 1 (for Schedule D)				

CANDIDATE COMMITTEES NOTE:

"Incurred Indebtachese also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performence. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

R INSTRUCTIONS, SE	t be same as on Statement of Organization)		MEEEE LA	SCHEDULE F	LOAN
nda Langston for Su	•			(Rev. 02/05)	RECEIV & REPA
ral unpaid loans i Rtj- monetary lo	orts money loaned to the committee which is deposited in PROM LAST REPORTING PERIOD 8 2,800.00  PANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party in			CHECK AMENDIN	NG FORI
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	F	ELATIONISHIP TO	AMOUNT	
(MMODAR)	,		MDATE (If Applicable)	\$	
NT H - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE THIS REPORTING PERIO must be reported on Schedule E — In-land Contribution.	n	L (PART I)	5	
RT II - MONETARY L (Loans forgiven OATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE THIS REPORTING PERIO must be reported on Schedule E — In-land Contribution. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	(D (B.)	L (PART I)  ELATIONSHIP TO (DATE * (II Applicable)	AMOUNT	
(Loans forgiven	must be reported on Schedule E - In-kind Contribution:  NAME AND ADDRESS OF LENDER	(D (B.)	ELATIONSHIP TO	AMOUNT	
(Loans forgiven	must be reported on Schedule E - In-kind Contribution:  NAME AND ADDRESS OF LENDER	(D (B.)	ELATIONSHIP TO	AMOUNT	
(Loans forgiven	must be reported on Schedule E - In-kind Contribution:  NAME AND ADDRESS OF LENDER	(D (B.)	ELATIONSHIP TO	AMOUNT	
(Loans forgiven	must be reported on Schedule E - In-kind Contribution:  NAME AND ADDRESS OF LENDER	(D (B.)	ELATIONSHIP TO	AMOUNT	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Application)	R CANT	ELATIONSHIP TO	S	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Application)	R CANT	ELATIONSHIP TO  IDATE* (If Applicable)  ITS (PART II)  FORGIVEN	AMOUNT	
(Loans forgiven	must be reported on Schedule E - In-kind Contribution:  NAME AND ADDRESS OF LENDER	(D (B.)	ELATIONSHIP TO	AMOUNT	